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APPLICANTS

Paul Kudrna, Spring Grove, IL;

Brian Schwartz, Lake in the Hills, IL;
Mark Schwartz, Wauconda, IL;

** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 03/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <u>MT Anderson</u> Examiner's Signature	IL	14	22	4
<u>MTA</u> Initials				

ADDRESS

Wallenstein Wagner & Rockey, Ltd.
53rd Floor
311 S. Wacker Drive
Chicago, IL
60606-6622

TITLE

Lancet device and method

FILING FEE RECEIVED 511	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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